

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **247-62-039807**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **294** Primary Registration District No. **3056** Registrar's No. **247**

**FILED OCT 18 1962**

VS 300  
Rev. 4/59

**10887**  
**208872**

3  
4 **1**  
5 **2**  
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7 **0**  
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**9331X**  
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12 **1-2**  
13 **1-0**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Randolph</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Randolph</b>                               |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Moberly</b>  |   | c. CITY OR TOWN <b>Moberly</b>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Community Hospital</b>   |   | d. STREET ADDRESS <b>506 Franklin Ave.</b>   | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>IVA</b> Middle <b>LUCY</b> Last <b>GENTRY</b>   |   | 4. DATE OF DEATH<br>Month <b>Oct.</b> Day <b>2</b> Year <b>1962</b>  |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>6/2/1890</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife &amp; Nurse</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (last birthday)<br><b>72</b>  |
| 11. BIRTHPLACE (City and state or country)<br><b>Boonville Country</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>   |  |
| 13a. FATHER'S NAME<br><b>Robert Roberts</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Eliza Roberts</b>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>None</b>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  |
| 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT<br><b>Miss Kathleen Gentry Moberly, Mo.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Medullary failure</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Cerebral hemorrhage</b><br>DUE TO (c) <b>arterio sclerosis</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>hours</b><br><b>4 hr</b><br><b>year</b>   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE   |
| 21. I attended the deceased from <b>1960</b> to <b>10-2-62</b> and last saw her alive on <b>10-2-62</b><br>Death occurred at <b>6:00 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   | 22a. SIGNATURE (Degree or title)<br><b>w. H. Mc Cormick D.O.</b>   |  |
| 22b. ADDRESS<br><b>Moberly Mo.</b>   |   | 22c. DATE SIGNED<br><b>10-3-62</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>Oct. 4, 1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Chaple Grove Cemetery</b>   |  |
| 23d. LOCATION (City, town, or county)<br><b>Clark, Mo.</b>   |   | 23e. DATE RECD. BY LOCAL REG.<br><b>10-4-62</b>  |  |
| 24. FUNERAL DIRECTOR<br><b>Cater Funeral Home Moberly, Mo.</b>   |   | 25. REGISTRAR'S SIGNATURE<br><b>Leah W. Lowe</b>   |  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Jerry R. Cater*

Licensed Embalmer No. 4906

P. O. Address Moberly, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.